



Your business
is our business.

DOCKET FILE COPY ORIGINAL

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REDACTED – FOR PUBLIC INSPECTION

October 31, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Accepted/Files

OCT 31 2013

Federal Communications Commission
Office of the Secretary

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Bruce Telephone Company, Inc.
Study Area Code 280447**

Dear Ms. Dortch:

The FCC Form 481 ETC annual reporting information for Bruce Telephone Company ("Bruce") was filed by hand delivery on October 22, 2013 pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ The instant filing provides updated FCC Form 481 Line 3017 financials. Therefore, the attached revised FCC Form 481 replaces in entirety and supersedes the previous filing. Bruce seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

Echelon Building II, Suite 200
9430 Research Blvd., Austin, TX 78759
phone: 512-338-0473, fax: 512-346-0822

Eagandale Corporate Center, Suite 310
1380 Corporate Center Curve, Eagan, MN 55121
phone: 651-452-2660, fax: 651-452-1909

6849 Peachtree Dunwoody Road
Bldg. B-3, Suite 200, Atlanta, GA 30328
phone: 770-569-2105, fax: 770-410-1608

547 South Oakview Lane
Bountiful, UT 84010
phone: 801-294-4576, fax: 801-294-512

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0815 July 2013
---	--

<010> Study Area Code 280447

<015> Study Area Name BRUCE TEL CO - MS

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Rick Bennett

<035> Contact Telephone Number: 601-764-3463
 Number of the person identified in data line <030>

<039> Contact Email Address: rbennett@nexband.com
 Email of the person identified in data line <030>

Accepted/Files

OCT 31 2013

**Federal Communications Commission
Office of the Secretary**

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
	(check box when complete)	

<100> Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)			
<320> Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)			
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	<input type="checkbox"/>	<input type="checkbox"/>	
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed	<input type="checkbox"/>	<input type="checkbox"/>	
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 280447ms510 (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 280447ms610 (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110> (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<2005> (complete attached worksheet)			

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<3005> (complete attached worksheet)			

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

280447

<010> Study Area Code

BRUCE TEL CO - MS

<015> Study Area Name

2014

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data Rick Bennett

<035> Contact Telephone Number - Number of person identified in data line <030> 601-764-3463

<039> Contact Email Address - Email Address of person identified in data line <030> rbennett@nexband.com

<110> Has your company received its ETC certification from the FCC?

If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?

(yes / no) ☒ ☐

(yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	280447
<015>	Study Area Name	BRUCE TEL CO - MS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

bennett@nexband.com

<702> Single State-wide Residential Local Service Charge

Page 4

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
JULY 2013

BRUCE TEL CO - MS

2014

Rick Bennett

601-764-3463

rbennett@nexband.com

<711>

[illegible]

FCC Form 481
OMB Control No. 3060-0986 /OMB Control No. 3060-0819
July 2013

<813> <a1> <a2> <a3>

Affiliates

~~--- See attached worksheet ---~~

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	280447	
<015>	Study Area Name	BRUCE TEL CO - MS	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com	

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)	
	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
	<922> Feasibility and sustainability planning;
	<923> Marketing services in a culturally sensitive manner;
	<924> Compliance with Rights of way processes
	<925> Compliance with Land Use permitting requirements
	<926> Compliance with Facilities Siting rules
	<927> Compliance with Environmental Review processes
	<928> Compliance with Cultural Preservation review processes
	<929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	280447
<015>	Study Area Name	BRUCE TEL CO - MS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@exband.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	280447
<015>	Study Area Name	BRUCE TEL CO - MS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	280447ms1210
<1220>	Link to Public Website	<p>Name of attached document (.pdf)</p> <p>http://www.brucetelephone.com/lowincomeassistance.htm</p> <p>HTTP</p>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	280447
<015>	Study Area Name	BRUCE TEL CO - MS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@exband.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
--------	--	--

(3000) Rate of Return Carrier Additional Documentation
Data Collection Form

280447

Study Area Code
<010> Study Area Name
<015> Study Area Name
<020> Program Year
<030> Contact Name - Person USAC should contact regarding this data
<035> Contact Telephone Number - Number of person identified in data line <030>
<039> Contact Email Address - Email Address of person identified in data line <030>

BRUCE TEL CO - MS
2014
Rick Bennett
601-764-3463
rbennett@nexband.com

FCC Form 481
OMB Control No. 3060-0819
July 2013

280447

BRUCE TEL CO - MS

2014

Rick Bennett

601-764-3463

rbennett@nexband.com

CHECK the boxes below to note compliance on its five year service quality plan pursuant to 47 CFR § 54.202(a) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information	(Yes/No)
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input checked="" type="checkbox"/> (Yes/No)
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/> (Yes/No)
(3012) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited?		<input checked="" type="checkbox"/> (Yes/No)
(3013) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> (Yes/No)
(3014) Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/> (Yes/No)
(3015) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		<input type="checkbox"/> (Yes/No)
(3016) Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/> (Yes/No)
(3017) Underlying information subjected to an officer certification.		<input type="checkbox"/> (Yes/No)
(3018) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/> (Yes/No)
(3019) Attach the worksheet listing required information		<input type="checkbox"/> (Yes/No)

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	280447
<015>	Study Area Name	BRUCE TEL CO - MS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035>	Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039>	Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	280447
<015> Study Area Name	BRUCE TEL CO - MS
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Rick Bennett
<035> Contact Telephone Number - Number of person identified in data line <030>	601-764-3463
<039> Contact Email Address - Email Address of person identified in data line <030>	rbennett@nexband.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc.
Name of Reporting Carrier:	BRUCE TEL CO - MS
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/30/2013
Printed name of Authorized Officer:	Stephanie Hand
Title or position of Authorized Officer:	Controller
Telephone number of Authorized Officer:	601-764-3463
Study Area Code of Reporting Carrier:	280447 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BRUCE TEL CO - MS
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/30/2013
Printed name of Authorized Agent or Employee of Agent:	Lans Chase
Title or position of Authorized Agent or Employee of Agent:	Staff Director - Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	770-569-2105
Study Area Code of Reporting Carrier:	280447 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Bruce Telephone Company, Inc. (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under state law and pursuant to the orders in Mississippi Public Service Commission Docket No. 2005-AD-662. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of Mississippi Public Service Commission which disclose rates, terms and conditions of service to customers; (2) adherence to state consumer protection requirements governing telephone providers under Title 39 Utilities, Part III Rules and Regulations Governing Public Utility Service , Subpart 1, General Rules, and Subpart 3, Special Rules – Telephone Companies, including requirements for customer

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

service, billing, consumer complaints, rates and charges, and under Miss. Code Ann. Title 77, Chapter 3 statutes; and (3) truth-in-billing requirements; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Demonstration of Ability to Function in Emergency Situations

Bruce Telephone Company, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)¹ and pursuant to orders in Mississippi Public Service Commission Docket No. 2005-AD-662. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

<010>	Study Area Code				280447
<015>	Study Area Name			BRUCE TEL CO - MS	
<020>	Program Year			2014	
<030>	Contact Name - Person USAC should contact regarding this data			Rick Bennett	
<035>	Contact Telephone Number - Number of person identified in data line <030>			601-764-3463	
<039>	Contact Email Address - Email Address of person identified in data line <030>			rbennett@nexband.com	
<810>	Reporting Carrier			Bruce Telephone Company, Inc.	
<811>	Holding Company			Fair Telecommunications Corporation	
<812>	Operating Company			Bruce Telephone Company, Inc.	

[illegible]

BRUCE TELEPHONE COMPANY, INC.
TC-003-0014-00

Section 4
Seventh Revision Sheet 16
Cancels 6th Revised Sheet 16

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

GENERAL

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

(T)
|
(T)

Lifeline Assistance

A. General

Lifeline Assistance is a retail service offering available to qualifying low-income subscribers as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for the following package services: voice-grade access to the public switched network; local usage; dual-tone multi-frequency signaling or its functional equivalent; single-party service; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; and toll blocking. An eligible customer receives credit for the Low-Income Assistance Program pursuant to FCC Order 12-11 and MPSC Docket 2007-AD-487.

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B. Regulations

1. A consumer household is eligible for Lifeline Assistance if the total household income is at or below 135% of the Federal Poverty Guidelines. Lifeline Assistance is also available to households containing at least one household member who participates in at least one of the following programs:

(T)
|
(T)

- a. Medicaid
- b. Supplemental Nutrition Assistance Program (SNAP), formerly "Food Stamps"
- c. Supplemental Security Income (SSI)
- d. Temporary Assistance to Needy Families (TANF)
- e. Low-Income Home Energy Assistance Program (LIHEAP)
- f. Section 8 Federal Public Housing Assistance (FPHA)
- g. National School Lunch Program's Free Lunch Initiative (NSLP)

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2. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that he/she receives benefits under a program outlined in subparagraph B.1., above, or meets the income-based criteria, and must, on the same document, agree to notify the Company if he/she ceases to participate in the qualifying program. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications pursuant to FCC Order 12-11 in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.

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FILED

APPROVED

MAY 25 2012

JUL 01 2012

MISS. PUBLIC SERVICE
COMMISSION

MISS. PUBLIC SERVICE
COMMISSION

ISSUED: May 23, 2012 PUBLIC UTILITIES STAFF

EFFECTIVE: JULY 1, 2012

BY: Charles F. Fail, President

12-UN-0193

BRUCE TELEPHONE COMPANY, INC.
TC-003-0014-00

Section 4
Third Revision Sheet 16.1
Cancels Second Revision Sheet 16.1

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

3. All applications for this service are subject to verifications with the state agency responsible for administration of the qualifying program. The Company may request any additional documentation deemed necessary prior to providing Lifeline benefits such as an administering agency's official designation of eligibility in a particular means-based program found in sub-paragraph B.1., above, and that the telephone subscriber is the financially responsible party for the qualifying member of his or her household, or that the eligible household member is the telephone subscriber's dependent pursuant to the rules and regulations of the Internal Revenue Service. (T) (T)
4. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll blocking as part of Lifeline Assistance. "Toll blocking" is a service that permits a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence. (T) (D)
5. Lifeline Assistance will not be disconnected for non-payment of toll charges, however, in the event toll charges are not paid within 10 days of the mailing of the Company bill, the Company will implement toll blocking immediately thereafter. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service. (D) (T)
6. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available. (D)

NOTES:

- a. Sub-paragraph B.4. has been moved from sub-paragraph B.6. of this Sheet.
b. Sub-paragraph B.5. has been moved from sub-paragraph B.7. Sheet 16.1-A.
c. Sub-paragraph B.6. has been moved from sub-paragraph B.8. Sheet 16.1-A.
d. Original Sheet sub-paragraph B.5. has been deleted per FCC Order 12-11.

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MAY 25 2012

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12-UN-0193

BRUCE TELEPHONE COMPANY, INC.
TC-003-0014-00

Section 4
First Revision Sheet 16.1-A
Cancels Original Sheet 16.1-A

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAM

Lifeline Assistance (continued)

B. Regulations (continued)

7. The Company will reconcile and confirm all subscribers' eligibility annually pursuant to FCC Order 12-11 by requiring each Lifeline subscriber to respond to and provide proof of continuing program eligibility under penalty or perjury via a FCC-compliant survey that their household continues to meet program eligibility requirements specified in B.1., above. Lifeline subscribers who are determined to be ineligible shall be notified of their ineligibility in writing by the Company and provided 30 days from the date of such notice to rectify or otherwise demonstrate their eligibility prior to the discontinuance of their Lifeline benefits. All unresolved disputes regarding Lifeline eligibility shall be brought to the attention of the MPSC for resolution.

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8. Only one Lifeline service is available per residential household pursuant to FCC Order 12-11. A household is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. When an adult having no or minimal income and living with someone who provides financial support to him or her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. A household is not permitted to receive Lifeline benefits from multiple providers.

(N)

(N)

9. A Lifeline customer may subscribe to any local service offering available to other residential customers.

(D) (T)

10. The PIC charge will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier.

(D) (T)

NOTES:

- a. Sub-paragraph B.7. has been moved from sub-paragraph B.4. of Sheet 16.1.
- b. Original Sheet sub-paragraph B.7. has been moved to B.5. of Sheet 16.1-A.
- c. Original Sheet sub-paragraph B.9. and B.10. have been deleted per FCC Order 12-11.
- d. Sub-paragraphs B.9 and B.10. have been moved from sub-paragraph B.11. and B.12., respectively, of this Sheet.

FILED

MAY 25 2012

**MISS. PUBLIC SERVICE
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PUBLIC UTILITIES STAFF**

ISSUED: May 23, 2012

BY: Charles F. Fall, President

APPROVED

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**MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF
EFFECTIVE: July 1, 2012**

12-UN-0193

GENERAL EXCHANGE TARIFF**BRUCE TELEPHONE COMPANY, INC.**
TC-003-0014-00**Section 4**
Third Revision Sheet 16.2
Cancels Second Revision of Sheet 16.2**SERVICE CONNECTION CHARGES****LOW-INCOME ASSISTANCE PROGRAM****Lifeline Assistance (continued)****C. Credits**

1. The following credits will apply for each customer eligible for Lifeline Assistance.

Lifeline Credit	Monthly Credit	
	\$9.25	(C)

b.

(D)

2.

(D)

3. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

FILED

MAY 25 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF**12-UN-0193****APPROVED**

JUL 01 2012

MISS. PUBLIC SERVICE
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PUBLIC UTILITIES STAFF

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EFFECTIVE: July 1, 2012

BY: Charles F. Fajl, President

GENERAL EXCHANGE TARIFF

BRUCE TELEPHONE COMPANY, INC.
TC-003-0014-00

Section 4
Fourth Revision Sheet 16.3
Cancels Third Revision of Sheet 16.3

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAMS

Link-Up

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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(N)

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MAY 25 2012

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12-UN-0193

APPROVED

JUL 01 2012

**MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF**

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BY: Charles F. Fail, President

GENERAL EXCHANGE TARIFF

BRUCE TELEPHONE COMPANY, INC.
TC-003-0014-00

Section 4
Third Revision Sheet 16.4
Cancels Second Revision of Sheet 16.4

SERVICE CONNECTION CHARGES

LOW-INCOME ASSISTANCE PROGRAMS
Link-Up

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC (D) Order 12-11.

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MAY 25 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

ISSUED: May 23, 2012

BY: Charles F. Fail, President

APPROVED

JUL 01 2012

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

EFFECTIVE: July 1, 2012

12-UN-0193



Lifeline Assistance Program Application and Certification Form

First Name: _____ MI: _____ Last Name: _____

Last Four Digits of Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: MS Zip: _____

My Physical Address is ☐ Permanent ☐ Temporary ☐ Multi-Household

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for which Lifeline Credits are to apply: _____

= NOTICE =

Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.

Are you or any member of your household already receiving Lifeline benefits from a telephone company?
☐ YES ☐ NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

= PROGRAM ELIGIBILITY CRITERIA =

_____ (Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Bruce Telephone Company.

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Initiative | <input type="checkbox"/> Federal Public Housing Assistance (Sect 8) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | |

-----OR-----

_____ (Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to Bruce Telephone Company.



Lifeline Assistance Program Application and Certification Form

I certify under penalty of perjury the following (initial by each certification):

_____ I currently meet Lifeline eligibility as indicated on Page One of this document.

_____ I will notify Bruce Telephone Company within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.

_____ If I move to a new address I will notify Bruce Telephone Company within 30 days of my move.

_____ If my address is temporary, I understand that I may be required to verify my address with Bruce Telephone Company every 90 days.

_____ I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with Bruce Telephone Company.

_____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.

_____ I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by Bruce Telephone Company, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.

Signature of Applicant: _____ Date: _____

THIS SPACE RESERVED FOR OFFICE USE

Date of eligibility review: _____

Description of applicant's proof of eligibility: _____

(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)

Proof of applicant's eligibility reviewed by: _____

(Bruce Telephone Company authorized signature required)

BRUCE TELEPHONE COMPANY, Inc.
TC-003-0014-00

Section 2
5rd Revised Sheet 1
Cancels 4th Revised Sheet 1

LOCAL EXCHANGE SERVICE TARIFF

GENERAL

This tariff is governed, except as otherwise specified herein, by the General Exchange Tariff, which is hereby made a part of this tariff. The charges quoted in this tariff are for a period of one month, payable monthly in advance, and entitle the subscriber to local exchange service and Extended Area Service to Calhoun City, Houlika, Slate Springs, and Vardaman, Mississippi, at the rates shown below.

RATES

RESIDENCE

One Party Line Access

Tel-Touch

\$ 18.87¹

(I)

Non Tel-Touch

\$ 17.34^R

BUSINESS

One Party Line Access without hunting

Tel-Touch

\$ 27.03¹

Non Tel-Touch

\$ 25.50^R

One Party Line Access with hunting

Tel-Touch

\$ 39.27¹

Non Tel-Touch

\$ 37.74^R

TRUNKS

Combination¹ (Two-way), per trunk

Tel-Touch

\$ 39.27¹

Non Tel-Touch

\$ 37.74^R

Inward Only¹

Tel-Touch

\$ 39.27¹

Non Tel-Touch

\$ 37.74^R

Outward Only

Tel-Touch

\$ 39.27¹

Non Tel-Touch

\$ 37.74^R

(I)

¹ At the option of the customer, hunting is available at no additional charge.

^R Restricted to existing Non Tel-Touch subscribers as of the effective date of this tariff.

Compliance filing in accordance with Docket No. 07-UN-123 which specifies all new and changed services of the type listed above in this Sheet will require Tel-Touch.

(T)

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SEP - 7 2010

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10-UN-0320

APPROVED

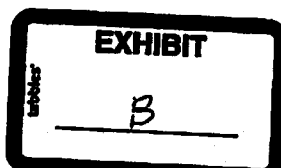
NOV - 1 2010

MISS. PUBLIC SERVICE
COMMISSION
PUBLIC UTILITIES STAFF

ISSUED: September 3, 2010

EFFECTIVE: November 1, 2010

BY: Charles F. Fail, President



REDACTED – FOR PUBLIC INSPECTION

BRUCE TELEPHONE COMPANY, INC. (SAC 280447)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY